

APPLICATION FOR SOCIAL SERVICES**TO THE APPLICANT:** Please complete Section 1 - 7 on this form. This form is subject to verification.**NOTE:** Retain your copy of this application. If you have not received a response within 30 days notify the county representative at the telephone number provided below in the "FOR AGENCY USE ONLY" Section.

* **SOCIAL SECURITY NUMBER:** It is mandatory that you provide your Social Security Number(s) as required in 42 USC 405 and MPP 30-769.71. This information will be used in eligibility determination and coordinating information with other public agencies.

1. NAME			CASE NUMBER:	DATE OF APPLICATION:
ADDRESS			*SOCIAL SECURITY NUMBER	
CITY			ZIP CODE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
			TELEPHONE ()	BIRTHDATE

2. Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A SPOUSE/CHILD OF A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", GIVE VETERAN NAME AND CLAIM NUMBER:
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3. Do you receive SSI/SSP benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF "YES", CHECK YOUR TYPE OF LIVING ARRANGEMENT: <input type="checkbox"/> Independent Living <input type="checkbox"/> Board and Care <input type="checkbox"/> Home of Another
SERVICES BEING REQUESTED:	

4. Have you received In-Home Supportive Services (IHSS) in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "YES", complete the following:	
DATE AND PLACE OF SERVICE LAST RECEIVED	NUMBER OF HOURS	NAME USED (IF DIFFERENT FROM ABOVE)

5. LIST FAMILY MEMBERS IN HOUSEHOLD	BIRTHDATE	*SOCIAL SECURITY NUMBER
NAME OF SPOUSE <input type="checkbox"/> NAME OF PARENT <input type="checkbox"/>		
CHILD/OTHER RELATIVE		
CHILD/OTHER RELATIVE		

6. The law requires that information on ethnic origin and primary language be collected. If you do not complete this section, social service staff will make a determination. The information will not affect your eligibility for service.	
A. My ethnic origin is (see reverse side for correct code): <input type="text"/>	B. I speak and understand English: My primary language is (see reverse side for correct code:) <input type="text"/> <input type="checkbox"/> Yes <input type="checkbox"/> No

7. I affirm that the above information is true to the best of my knowledge and belief. I agree to cooperate fully if verification of the above statements is required in the future.			
SIGNATURE OF APPLICANT:	DATE:	SIGNATURE OF APPLICANT'S REPRESENTATIVE:	DATE
REPRESENTATIVE'S ADDRESS	REPRESENTATIVE'S TELEPHONE NUMBER: ()	RELATIONSHIP TO APPLICANT;	

FOR AGENCY USE ONLY

INCOME ELIGIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATUS ELIGIBLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	VERIFICATION:	SIGNATURE OF SOCIAL WORKER OR AGENCY REPRESENTATIVE: ▶	TELEPHONE NUMBER: ()
RECIPIENT STATUS: <input type="checkbox"/> Refugee <input type="checkbox"/> Cuban/Haitian Entrant		SOURCE OF VERIFICATION FOR REFUGEE OR ENTRANT STATUS (EXPLAIN)		

RECERTIFICATION OF ELIGIBILITY FOR SERVICES OF STATUS ELIGIBLES

DATE	SOURCE OF VERIFICATION	WORKER SIGNATURE	DATE	SOURCE OF VERIFICATION	WORKER SIGNATURE

A. Ethnic Codes:

1. White
2. Hispanic
3. Black
4. Other Asian or Pacific Islander
5. American Indian or Alaskan Native
7. Filipino
- C. Chinese
- H. Cambodian
- J. Japanese
- K. Korean
- M. Samoan
- N. Asian Indian
- P. Hawaiian
- R. Guamanian
- T. Laotian
- V. Vietnamese

B. Language Codes:

- | | |
|--|---------------|
| O. American Sign Language (AMISLAN or ASL) | G. Mien |
| 1. Spanish - NOA will be issued in Spanish | H. Hmong |
| 2. Cantonese | I. Lao |
| 3. Japanese | J. Turkish |
| 4. Korean | K. Hebrew |
| 5. Tagalog | L. French |
| 6. Other non-English | M. Polish |
| 7. English | N. Russian |
| 9. Spanish - NOA will be issued in English | P. Portuguese |
| A. Other Sign Language | Q. Italian |
| B. Mandarin | R. Arabic |
| C. Other Chinese Languages | S. Samoan |
| D. Cambodian | T. Thai |
| E. Armenian | U. Farsi |
| F. Ilacano | V. Vietnamese |